

## AGREEMENT

In return for the payment of the premium and subject to all the terms of the policy,  
we agree to provide the insurance stated in the policy.

## COMMON POLICY DECLARATIONS

**NAMED INSURED**

LIFE RESOURCES OF GEORGIA INC  
PO BOX 2323  
DACULA GA 30019

**Policy Number:** 10MEA0377217

**Renewal of:** 10MEA0377217

**POLICY PERIOD**

3 YEAR(S) FROM 06/01/15 TO 06/01/18 12:01 A.M. AT DECLARED PREMISES

**TYPE OF OPERATION:** All Other Institutional  
**FORM OF ORGANIZATION:** CORPORATION

This policy consists of the following coverage parts for which a form number is indicated.

**BASIC POLICY FORMS**

FORM NAME	FORM NO.	FORM NAME	FORM NO.
Common Policy Conditions	CL100 1.0	Amendatory Endorsement	CL300 1.0
Intro-Table of Contents	CP1 1.0	General Conditions Prop	BCP100 4.0
System Equip Breakdown	BSEB100 4.0	Commercial Liab Coverage	GL100 1.0

BCL301 1.0	BN11A 1.1	CL0128 02 15	CL0677 01 11	BN1B 1.0
BCL100 1.1	BN-6-ADXGA 3.1			

**SCHEDULE OF LOCATIONS**

LOC/BLDG	DECLARED PREMISES	OCCUPANCY
0201 6405 Sugarloaf Pkwy	Duluth GA	Office

**ANNUAL PREMIUM:** \$ 1,321

**PAYMENT PLAN:** ANNUAL

**Terrorism Premium Charge:** \$ 20.00 - See Notice Form BN-6-ADXGA

This premium is subject to adjustment at each Anniversary.

This premium is subject to adjustment due to premium audit provision.

**COUNTERSIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_  
AUTHORIZED REPRESENTATIVE

**AGENCY/AGENT NO.** #1021-071 HALLMARK INSURANCE & RISK  
MANAGEMENT SOLUTIONS INC  
CHATTANOOGA TN  
423-894-9497

CP1 (03/06)

The Home Office Address of Brotherhood Mutual Insurance Co. is P.O. Box 2227, Fort Wayne, IN., 46801-2227 150428

## COMMERCIALPROPERTYDECLARATIONS

Page 1 of 1

**Named Insured:** LIFE RESOURCES OF GEORGIA INC

**Policy Number:** 10MEA0377217

**Policy Period:** 06/01/15 TO 06/01/18

We provide the CommercialProperty coverage at the declared premise(s) for the coverage and limits indicated. The Coverages listed herein are provided, subject to the **terms** of the designated coverage form, and any other applicable forms or endorsements.

Property Deductible: \$1,000 (Excl. EQ and Opt. Coverages- See Below) Glass Deductible: N/A

### SCHEDULE OF BUILDINGS AND PERSONAL PROPERTY

LOC & BLDG	TYPE OF PROPERTY	LIMIT OF INSURANCE	COINSURANCE	EQ DED	VALU- ATION	AUTO INCR	PERIL FORM
0201	Office PERS PROP	10,000	AGREED AMT	N/A	RC	0%	BCP85GA 4.0

RC=REPL COST

### SCHEDULE OF OPTIONAL COVERAGES

LOC & BLDG	DESCRIPTION OF COVERAGE	LIMIT OF INSURANCE	DEDUCTIBLE AMOUNT	FORM NUMBER
ALL	Pers Dishonest	2,500	N/A	BCP37A 4.0
ALL	Sys Eq Bkdwn		\$1,000	BSEB100 4.0
ALL	Extra Exp	100,000	N/A	BCP71 1.0
ALL	Earnings/Exp	25,000	N/A	BCP71 1.0
ALL	Rented PPO	10,000	\$1,000	BCP12 4.0
ALL	Terrorism	10,000	\$1,000	BCL0600XGA 3.0

### MORTGAGEES/ ADDITIONAL INTERESTS

### OTHER PROPERTY FORMS

BCP0493GA 1.0	BCP0643 01 08	BCP500 4.0	BCP88GA 4.0	BN100 1.0
BN12V 1.0	CL1640 06 06	CP0171 10 08		

## COMMERCIAL LIABILITY DECLARATIONS

Page 1 of 1

Named Insured: LIFE RESOURCES OF GEORGIA INC

Policy Number: 10MEA0377217

Policy Period: 06/01/15 - 06/01/18

The Coverages listed herein are provided subject to the **terms** of the designated coverage form and any other applicable forms or endorsements. Only one liability coverage and one medical coverage will apply to an **occurrence** and any **related loss**. Any **limit** which is specifically stated within a coverage form or endorsement represents the most we will pay for the coverage to which such **limit** applies. For application of **limits**, see Liability and Medical Coverage form (BGL-11).

### SCHEDULE OF LIMITS

POLICY LIMITS	GENERAL OCCURRENCE LIMIT (\$)	GENERAL AGGREGATE LIMIT (\$)
	1,000,000	3,000,000

PRINCIPAL COVERAGES	(Coverage Designation)	FORM	COVERAGE LIMIT (\$)	COVERAGE AGGREGATE LIMIT (\$)
Bodily Injury/Property Damage Liab.	(L)	GL100 1.0	1,000,000*	3,000,000*
Medical Payments	(M)	GL100 1.0	5,000*per person	3,000,000*
Products/Completed Work	(N)	GL100 1.0	1,000,000*	3,000,000*
Fire Legal Liability	(O)	BGL951 3.0	300,000*	900,000*

ADDITIONAL COVERAGES/INCLUDED	FORM	COVERAGE LIMIT (\$)	COVERAGE AGGREGATE LIMIT (\$)
Charitable/Not For Profit	BGL58 4.0	1,000,000*	3,000,000*

ADDITIONAL COVERAGES/OPTIONAL	FORM	COVERAGE LIMIT (\$)	COVERAGE AGGREGATE LIMIT (\$)
Media Liability	BGL41GA 1.0	1,000,000*	3,000,000*
Incidental Counseling	BGL64BGA 2.2	1,000,000*	3,000,000*
Directors & Officers	BGL81GA 4.0	1,000,000*	3,000,000*
Nonowned Property Damage	BGL951 3.0	300,000*	900,000*
Sexual Acts (Without Screening)	BGL61GA 4.0	100,000*	100,000*
Terrorism - Covered Acts	BGL0250XGA 3.1	1,000,000*	3,000,000*
Employment Practices	BGL85GA 4.0	1,000,000*	3,000,000*

\* Only a single limit applies to the loss. All coverage limits are subject to the general occurrence limit and all aggregate limits are subject to the general aggregate limit.

## COMMERCIAL LIABILITY DECLARATIONS

Schedule of Additional Information

Page 1 of 1

Policy Number: 10MEA0377217

Policy Period: 06/01/15 - 06/01/18

### OTHER LIABILITY AND MEDICAL FORMS

BCL320 1.0	BGL100A1 2.2	BGL11 4.0	BGL152 1.0	EX909 1.0
GL0163 01 08	GL0950 12 99	GL1270 06 06	GL890 1.0	

### ADDITIONAL INSURED(S)- For Principal Coverage L. (Not including Excess Liability Coverage)

### RELATED ORGANIZATION(S)/ OPERATION(S)- For designated Related Coverages.

### SCHEDULE OF LIABILITY EXPOSURES

In issuing this policy, we have relied on material information provided to us by you. The following schedule discloses all of your insurable exposures known to exist at the policy inception date as conveyed by you. Declared premises must be owned, occupied, or rented by you or your scheduled related organizations.

Exposure Classification	Code	Rating Basis Code	Quantity
OFFICES - NOC	04504	a	800
6405 Sugarloaf Pkwy	Duluth	GA	
SPECIAL EVENTS			

## HIGH HAZARD ACTIVITIES DECLARATIONS

Page 1 of 1

Named Insured: LIFE RESOURCES OF GEORGIA INC

Policy Number: 10MEA0377217

Policy Period: 06/01/15 - 06/01/18

### LIMITS APPLICABLE

ACTIVITY	FORM	LIABILITY	MEDICAL	AGGREGATE LIMIT
Skate Park Operations	BGL21 4.0	100,000 per occur	0 per person	300,000
Firework Sales	BGL21 4.0	100,000 per occur	0 per person	300,000
Fireworks Display	BGL21 4.0	100,000 per occur	0 per person	300,000
Construction Oversight	BGL21 4.0	100,000 per occur	0 per person	300,000

For details regarding how the above limits will apply, see the How Much We Pay Section of the High Hazard Activities Coverage Limits Form (BGL-21).

Dear Policyholder:

The purpose of this letter is to let you know that one or more changes will take effect on 06/01/2015 the renewal of your ministry policy.

In some cases, the effects of these policy changes will mean enhanced coverage, while in other cases, limits, conditions, exclusions, and limitations may narrow the scope of certain coverages when compared to your prior policy. Following are the names of the coverage forms that have either been added or removed from your policy. \*\* Please review your declaration page for changes in policy values, deductibles and premium.

**NEW FORMS**

BCP71 1.0	Income, Extra Expense, and Donations Coverage Part
CL1640 06 06	Conditional Terrorism Exclusion With Limited Exception
BGL41GA 1.0	Broad Scope Media Liability Coverage
BCL320 1.0	Amendatory Endorsement
BGL152 1.0	Additional Insured Endorsement
GL1270 06 06	Conditional Terrorism Exclusion

**REPLACEMENT FORMS**

CL0128 02 15	Amendatory Endorsement Georgia
BSEB100 4.0	Systems / Equipment Breakdown Coverage
BN-6-ADXGA 3.1	Policyholder Coverage Notice
BGL85GA 4.0	Employment Practices Liability Coverage
BGL81GA 4.0	Directors and Officers Liability Coverage
BGL61GA 4.0	Sexual Acts Liability Coverage
BGL58 4.0	Charitable/Not-For-Profit Additional Coverages
BGL21 4.0	Coverage Limits High Hazard Activities
BGL11 4.0	Liability and Medical Coverage Form
BCP88GA 4.0	Exclusion - Earth Movement and Volcanic Eruption
BCP85GA 4.0	Special Perils Part
BCP500 4.0	Loss Free Deductible Reduction Endorsement
BCP37A 4.0	Ministry Personnel Dishonesty Coverage
BCP12 4.0	Building and Personal Property Coverage Part
BCP100 4.0	Commercial Property Coverage Conditions

**DELETED FORMS**

BGL904 2.2	Personal Injury Liability Coverage
------------	------------------------------------

**Please read your policy carefully**

Your Brotherhood Mutual agent will be pleased to address any questions you may have concerning your policy. You may contact your agent at 423-894-9497. If you have additional questions, you may contact our customer service department at 1-800-333-3735. Thank you for trusting us to help you protect your ministry.

**\*\*NOTE:** No coverage of any kind is provided by this notice. This Summary of Important Changes does not in any way replace any provision of your policy, nor is every change in your policy listed above. All insurance coverage is subject to conditions, coverage limits, limitations, and exclusions. For precise details of coverage, please refer to your actual policy. While our company's goal is to provide ongoing insurance protection to ministry organizations, changes in company operations, the regulatory or insurance environment, or significant loss experience can result in policy revision or policy termination.